Case 2:12-bk-52002 Doc 6

Filed 11/07/12 Entered 11/07/12 17:44:28 Desc Main Document Page 1 of 8

B22C (Official Form 22C) (Chapter 13) (12/10)

| In re | Justin Nicholas Patterson | | | | |
|--------|---------------------------|--|--|--|--|
| | Debtor(s) | | | | |
| Case N | Number: | | | | |
| | (If known) | | | | |

| According to the calculations required by this statement: |
|---|
| ☐ The applicable commitment period is 3 years. |
| ■ The applicable commitment period is 5 years. |
| ■ Disposable income is determined under § 1325(b)(3). |
| ☐ Disposable income is not determined under § 1325(b)(3). |
| (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | | Par | t I. I | REPORT OF INC | COM | E | | | |
|---|---|---|------------------|--|-------------|--|-------|--------------------|--------------------|
| | Mari | tal/filing status. Check the box that applies an | | | | | ement | as directed. | |
| 1 | | | | | | | | as arrected. | |
| | b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") | | | | | | | for Lines 2-10. | |
| | | All figures must reflect average monthly income received from all sources, derived during the size | | | | | | | Column B |
| | calen | calendar months prior to filing the bankruptcy case, ending on the last day of the month before | | | | | | | |
| | | ling. If the amount of monthly income varied onth total by six, and enter the result on the ap | | | you | must divide the | | Debtor's Income | Spouse's Income |
| 2 | Gross | s wages, salary, tips, bonuses, overtime, com | mis | sions. | | | \$ | 3,575.00 | \$ |
| 3 | enter profes numb | the difference in the appropriate column(s) of ssion or farm, enter aggregate numbers and proper less than zero. Do not include any part of uction in Part IV. | Line ovid | e 3. If you operate e details on an atta | more chm | e than one business ent. Do not enter a | | | |
| | | | | Debtor | | Spouse | | | |
| | a. | Gross receipts | \$ | 0.00 | | | | | |
| | b. | Ordinary and necessary business expenses | \$ | 0.00 | | | | | |
| | c. | Business income s and other real property income. Subtract I | | otract Line b from | | | \$ | 0.00 | \$ |
| 4 | | propriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b Gross receipts | | | t IV. | | 1 | | |
| | b. | Ordinary and necessary operating expenses | \$ | 0.00 | | | | | |
| | c. | Rent and other real property income | _ | btract Line b from | | a | \$ | 0.00 | \$ |
| 5 | Inter | est, dividends, and royalties. | | | | | \$ | 0.00 | \$ |
| 6 | Pensi | on and retirement income. | | | | | \$ | 0.00 | \$ |
| 7 | exper purpo debto | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | | | | | \$ | 0.00 | \$ |
| | | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A | | | | | | | |
| 8 | benef | | tion in Column A | | | | | | |

| 9 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | |
|----|---|-----|-----------|
| | Debtor Spouse a. \$ \$ | | |
| | | 00 | \$ |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). 3,575.0 | 00 | \$ |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | | 3,575.00 |
| | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD | | |
| 12 | Enter the amount from Line 11 | \$ | 3,575.00 |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. | | |
| | a. | | |
| | Total and enter on Line 13 | \$ | 0.00 |
| 14 | Subtract Line 13 from Line 12 and enter the result. | \$ | 3,575.00 |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | \$ | 42,900.00 |
| 16 | Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | |
| | a. Enter debtor's state of residence: TN b. Enter debtor's household size: 1 | \$ | 39,082.00 |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. □ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment poor top of page 1 of this statement and continue with this statement. ■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitme at the top of page 1 of this statement and continue with this statement. | | · |
| | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME | | |
| 18 | Enter the amount from Line 11. | \$ | 3,575.00 |
| 19 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. | | |
| | a. | | |
| | C. \$ | | |
| 20 | Total and enter on Line 19. | \$ | 0.00 |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. | ΙΦ. | 3 575 00 |

| | | | | /10) | | (Official F | 22C (O |
|----------------------|---|--|--|--|--|--|------------|
| \$ 42,900.0 | 0 by the number 12 and | oly the amount from Line 2 | Aultip | come for § 1325(b)(3). N | alized current monthly inc | | 21 |
| \$ 39,082.0 | | e 16. | m Line | ne. Enter the amount from | cable median family incom | Applio | 22 |
| | | oceed as directed. | nd pro | eck the applicable box an | cation of § 1325(b)(3). Che | Applio | |
| ined under § | | | | | e amount on Line 21 is mo 25(b)(3)" at the top of page | | 23 |
| t determined under § | | ٠. | • | | e amount on Line 21 is not | | |
| | | | | | 25(b)(3)" at the top of page | | |
| | OM INCOME | DEDUCTIONS FR |)F D | ALCULATION (| Part IV. C | | |
| | nue Service (IRS) | ds of the Internal Reve | ndard | eductions under Star | Subpart A: D | | |
| \$ 565.0 | Expenses for the om the clerk of the e allowed as exemptions on support. | ards for Allowable Living www.usdoj.gov/ust/ or fromber that would currently be ional dependents whom you | Standalble at num addit | nount from IRS National are information is availate number of persons is the number of any | nal Standards: food, appar in Line 24A the "Total" ame able number of persons. (T aptcy court.) The applicable ar federal income tax return nal Standards: health care | Enter i applica bankru on you | 24A |
| | | | older. | ersons 65 years of age or | f-Pocket Health Care for per f-Pocket Health Care for per justicing gov/just/ or from the co | Out-of | |
| | cable number of persons are 65 years of age or ory that would currently ional dependents whom and enter the result in the denter the result in Line | Enter in Line b1 the appli- ble number of persons who is the number in that categ us the number of any addit ount for persons under 65, or persons 65 and older, an | oplicat gory i rn, plu al amo ount fo | nd enter in Line b2 the appersons in each age cate referred income tax returned by Line b1 to obtain a total amore b2 to obtain a total amore. | re under 65 years of age, an (The applicable number of owed as exemptions on your apport.) Multiply Line a1 by 1. Multiply Line a2 by Line ld Lines c1 and c2 to obtain | who are older. be allow you su Line c | 24B |
| | cable number of persons are 65 years of age or ory that would currently ional dependents whom and enter the result in Line 44B. | Enter in Line b1 the appli- ble number of persons who is the number in that categ us the number of any addit ount for persons under 65, or persons 65 and older, an | pplicat gory i rn, plu al amo ount fo ant, an | nd enter in Line b2 the appersons in each age cate referred income tax returned by Line b1 to obtain a total amore b2 to obtain a total amore. | re under 65 years of age, an (The applicable number of owed as exemptions on your apport.) Multiply Line al by 1. Multiply Line a2 by Line | who are older. be allow you su Line c c2. Ad | 24B |
| | cable number of persons are 65 years of age or ory that would currently ional dependents whom and enter the result in Line 44B. | Enter in Line b1 the appli- ble number of persons who is the number in that categ- us the number of any addit- bunt for persons under 65, or persons 65 and older, and and enter the result in Line 2 | pplical gory i rn, plu d amo ount fo ant, an | nd enter in Line b2 the appressions in each age cate or federal income tax returned by Line b1 to obtain a total among a total health care among | re under 65 years of age, an (The applicable number of owed as exemptions on your poort.) Multiply Line al by 1. Multiply Line a2 by Line dd Lines c1 and c2 to obtain | who are older. be allow you su Line c c2. Ad | 24B |
| | cable number of persons of are 65 years of age or ory that would currently ional dependents whom and enter the result in ad enter the result in Line 24B. | Enter in Line b1 the appli- ble number of persons who is the number in that catego us the number of any addit bunt for persons under 65, or persons 65 and older, and enter the result in Line 20 tons 65 years of age or old | pplical gory i rn, plu d amo ount fo ant, an | nd enter in Line b2 the appressions in each age cate or federal income tax returned by Line b1 to obtain a total among a total health care among | re under 65 years of age, an (The applicable number of towed as exemptions on your apport.) Multiply Line a1 by 1. Multiply Line a2 by Line ad Lines c1 and c2 to obtain towns under 65 years of age | who are older. be allow you su Line c c2. Ad | 24B |
| \$ 60.0 | cable number of persons of are 65 years of age or ory that would currently ional dependents whom and enter the result in ad enter the result in Line 24B. | Enter in Line b1 the appli- ble number of persons who is the number in that categ us the number of any addit ount for persons under 65, or persons 65 and older, and enter the result in Line 2 cons 65 years of age or old Allowance per person | pplical gory i gory i rn, plud amoount fount, an Personal. | nd enter in Line b2 the appressons in each age cate or federal income tax retury Line b1 to obtain a total e b2 to obtain a total amon a total health care amou | re under 65 years of age, an (The applicable number of owed as exemptions on your apport.) Multiply Line a1 by 1. Multiply Line a2 by Line d Lines c1 and c2 to obtain ons under 65 years of age Allowance per person | who are older, be allow you su Line c c2. Ad Person a1. | 24B |
| \$ 60.C | cable number of persons of are 65 years of age or cry that would currently ional dependents whom and enter the result in Line determined the result in Line | Enter in Line b1 the applicate humber of persons who is the number of any additional for persons under 65, or persons 65 and older, and enter the result in Line 2 and enter the result in Line 2 Allowance per person Number of persons Subtotal ses. Enter the amount of the county and family size. (The percy court). The applicable | poplicate gory is rn, plud amoo bunt fount, and Personal a2. b2. c2. | find enter in Line b2 the appressions in each age cate or federal income tax returned by Line b1 to obtain a total amount a total health care amount at total health care | re under 65 years of age, an (The applicable number of owed as exemptions on your apport.) Multiply Line a1 by 1. Multiply Line a2 by Line d Lines c1 and c2 to obtain ons under 65 years of age Allowance per person Number of persons | who are older. be allow you su Line c c2. Add Person a1. b1. c1. Local Utilities available the number of the color of the | 24B 25A |
| ф ОО | cable number of persons of are 65 years of age or cry that would currently ional dependents whom and enter the result in Line 24B. Ler 144 0 0.00 Let IRS Housing and his information is a family size consists of arn, plus the number of the IRS his information is family size consists of arn, plus the number of onthly Payments for any the result in Line 25B. Do | Enter in Line b1 the applicable number of persons who is the number of any additional for persons under 65, for persons 65 and older, and enter the result in Line 2. Allowance per person Number of persons Subtotal ses. Enter the amount of the county and family size. (The person of the county and family size.) The applicable for county and family size (the person of the county and family size) (the person of the Average Management of the Average | poplicate gory in the property of the property | denter in Line b2 the appressons in each age cate of federal income tax returns a total amount a total health care amount a total | re under 65 years of age, an (The applicable number of owed as exemptions on your apport.) Multiply Line a1 by 1. Multiply Line a2 by Line ad Lines c1 and c2 to obtain ons under 65 years of age Allowance per person Number of persons Subtotal Standards: housing and uses Standards; non-mortgage of that would currently be ditional dependents whom a standards: housing and use standards: housing and use of that would currently be ditional dependents whom a secured by your home, as stater an amount less than zecond a secured by your home, as stater an amount less than zecond and the property of the pr | who are older. be allowed so who are older. be allowed so when the call by the | |
| ф ОО | cable number of persons of are 65 years of age or ory that would currently ional dependents whom and enter the result in Line 24B. Ler 144 0 0.00 Let IRS Housing and his information is a family size consists of arn, plus the number of onthly Payments for any e result in Line 25B. Do 651.00 297.00 | Enter in Line b1 the application of persons who is the number of persons who is the number of any additional for persons under 65, for persons 65 and older, and enter the result in Line 2 and enter the amount of the county and family size. (The property court). The applicable four federal income tax returns and family size (aptcy court) (the applicable four federal income tax returns the total of the Average M b from Line a and enter the ense \$ | poplicate gory in the property of the property | denter in Line b2 the appressons in each age cate of federal income tax retury. Line b1 to obtain a total among a total health care amound a total health ca | re under 65 years of age, an (The applicable number of owed as exemptions on your apport.) Multiply Line a1 by 1. Multiply Line a2 by Line d Lines c1 and c2 to obtain ons under 65 years of age Allowance per person Number of persons Subtotal Standards: housing and uses Standards; non-mortgage of the at www.usdoj.gov/ust/omber that would currently be ditional dependents whom is standards; non-mortgage of the at www.usdoj.gov/ust/omber that would currently be ditional dependents whom is secured by your home, as st | who are older. be allow you su Line c c2. Ad Person a1. b1. c1. Local Utilities available the numerous any ad debts s | 25A |

Standards, enter any additional amount to which you contend you are entitled, and state the basis for your

contention in the space below:

26

4

| | Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. | | | | | |
|-----|--|--|----------------|------------------------|--|--|
| | Check the number of vehicles for which you pay the operating expens | ses or for which the operating expenses are | | | | |
| 27A | included as a contribution to your household expenses in Line 7. \square 0 \square 1 \square 2 or more. | | | | | |
| | If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ | \$ | 244.00 | | | |
| 27B | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gr.court.) | \$ | 0.00 | | | |
| | Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) ■ 1 □ 2 or more. | | | | | |
| 28 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. Do not enter an amount less than zero. | court); enter in Line b the total of the Average | ; | | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ 517.00 | | | | |
| | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ 0.00 | | | | |
| | c. Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$ | 517.00 | | |
| 29 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero. | court); enter in Line b the total of the Average | | | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ 0.00 | | | | |
| | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ 0.00 | 11 | | | |
| | c. Net ownership/lease expense for Vehicle 2 | 1 " | | | | |
| 30 | | Subtract Line b from Line a. | \$ | 0.00 | | |
| | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale | expense that you actually incur for all federal, come taxes, self employment taxes, social | \$ | 0.00 571.00 | | |
| 31 | state, and local taxes, other than real estate and sales taxes, such as in | expense that you actually incur for all federal, come taxes, self employment taxes, social es taxes. nt. Enter the total average monthly retirement contributions, union dues, and | - | | | |
| | state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory | expense that you actually incur for all federal, come taxes, self employment taxes, social es taxes. nt. Enter the total average monthly retirement contributions, union dues, and ntary 401(k) contributions. https://example.com/scample/s | \$ | 571.00 | | |
| 31 | state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance | expense that you actually incur for all federal, come taxes, self employment taxes, social est taxes. Int. Enter the total average monthly retirement contributions, union dues, and intary 401(k) contributions. In the premiums that you actually pay for term on your dependents, for whole life or for all monthly amount that you are required to | \$ | 571.00 0.00 | | |
| 31 | state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employmed deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as | expense that you actually incur for all federal, come taxes, self employment taxes, social estaxes. Int. Enter the total average monthly retirement contributions, union dues, and intary 401(k) contributions. In the premiums that you actually pay for term on your dependents, for whole life or for all monthly amount that you are required to spousal or child support payments. Do not sysically or mentally challenged child. Enter ion that is a condition of employment and for | \$ \$ \$ | 571.00 0.00 0.00 | | |

| ` | Michael Form 220) (Chapter 13) (12/10) | | | |
|----|--|----------|---|----------|
| 36 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. | | 5 | 15.00 |
| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | | | 145.00 |
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. | \$ | 5 | 2,847.00 |
| | Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37 | | | |
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | in | | |
| 39 | a. Health Insurance \$ 274.00 | | | |
| | b. Disability Insurance \$ 0.00 | | | |
| | c. Health Savings Account \$ 0.00 | | | |
| | Total and enter on Line 39 | \$ | 5 | 274.00 |
| | If you do not actually expend this total amount, state your actual total average monthly expenditures in the s below: | pace | | |
| | <u></u> | | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual month expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronic ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | | 8 | 0.00 |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or applicable federal law. The nature of these expenses is required to be kept confidential by the court. | other \$ | 8 | 0.00 |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Loc Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your trustee with documentation of your actual expenses, and you must demonstrate that the additional amoun claimed is reasonable and necessary. | case | 6 | 0.00 |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | 8 | 0.00 |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/u or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | ing | | 19.00 |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | | 8 | 0.00 |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | \$ | 5 | 293.00 |
| | 1 | | | ==0:00 |

B22C (Official Form 22C) (Chapter 13) (12/10)

| | | | Subpart C: Deductions for De | bt Payment | | | |
|----|----------------------------------|---|---|---|--|---------|----------|
| 47 | own, check sched case, | list the name of creditor, ide whether the payment includ- uled as contractually due to | ims. For each of your debts that is secured ntify the property securing the debt, state the taxes or insurance. The Average Month each Secured Creditor in the 60 months for list additional entries on a separate page. | he Average Monthl lly Payment is the to llowing the filing o | y Payment, and otal of all amounts f the bankruptcy | | |
| | rayiii | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance | | |
| | a. | U.S. Bank Home Mortgage | Double Wide Mobile Home with 1 Acres of Land Located at 134 Hidden Valley Drive, Dandridge, TN | \$ 297.00 | ■yes □no | | |
| | | | | Total: Add Lines | 8 | \$ | 297.00 |
| 48 | motor your o payme sums | vehicle, or other property n deduction 1/60th of any amo ents listed in Line 47, in ord in default that must be paid llowing chart. If necessary, l | ns. If any of debts listed in Line 47 are se ecessary for your support or the support of unt (the "cure amount") that you must pay er to maintain possession of the property. In order to avoid repossession or foreclosu ist additional entries on a separate page. | f your dependents, y the creditor in addi The cure amount we re. List and total an | you may include in tion to the buld include any y such amounts in | | |
| | a. | Name of Creditor U.S. Bank Home Mortga | Property Securing the Debt Double Wide Mobile Home with Acres of Land Located at 134 Hidden Valley Drive, Dandridge TN | h 1 | the Cure Amount 8.25 | | |
| | | <u></u> | -5- 114 | | Total: Add Lines | \$ | 8.25 |
| 49 | priori | ty tax, child support and alir | y claims. Enter the total amount, divided be nony claims, for which you were liable at t such as those set out in Line 33. | | | \$ | 0.00 |
| | | ter 13 administrative expense administrative expense. | nses. Multiply the amount in Line a by the | amount in Line b, a | and enter the | | |
| 50 | a. | | y Chapter 13 plan payment. | \$ | 704.17 | | |
| 50 | b. | issued by the Executive C information is available a | or district as determined under schedules office for United States Trustees. (This twww.usdoj.gov/ust/ or from the clerk of | v | 3.20 | | |
| | c. | the bankruptcy court.) Average monthly adminis | trative expense of chapter 13 case | Total: Multiply L | | s | 22.53 |
| 51 | 1 | | ent. Enter the total of Lines 47 through 5 | | | \$ | 327.78 |
| 31 | 1 out | Deductions for Debt I ayii. | Subpart D: Total Deductions f | | | Ψ | 321.10 |
| 52 | Total | of all deductions from inco | ome. Enter the total of Lines 38, 46, and 5 | | | \$ | 3,467.78 |
| | | | MINATION OF DISPOSABLE I | | ER § 1325(b)(2 | | · |
| 53 | Total | | Enter the amount from Line 20. | | <u> </u> | \$ | 3,575.00 |
| 54 | paym | ents for a dependent child, re | nly average of any child support payments eported in Part I, that you received in accossary to be expended for such child. | | | \$ | 0.00 |
| 55 | wages | | Enter the monthly total of (a) all amount ed retirement plans, as specified in § 541(becified in § 362(b)(19). | | | f \$ | 0.00 |
| 56 | Total | of all deductions allowed u | under § 707(b)(2). Enter the amount from | Line 52. | | \$ | 3,467.78 |
| | | | | | | | |

| | Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstances. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expenses of the special circumstances that make such expense necessary. | ances and the resulting expenses in lines a-c below. expenses and enter the total in Line 57. You must uses and you must provide a detailed explanation | |
|----|---|--|-------|
| 57 | Nature of special circumstances | Amount of Expense | |
| | a. | \$ | |
| | b. c. | \$ | |
| | C. | Total: Add Lines | 0.00 |
| 58 | Total adjustments to determine disposable income. Add the result. | | 67.78 |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Li | ne 58 from Line 53 and enter the result. \$ 1 | 07.22 |
| | Part VI. ADDITIONA | L EXPENSE CLAIMS | |
| | of you and your family and that you contend should be an addit | otherwise stated in this form, that are required for the health and well- tional deduction from your current monthly income under § parate page. All figures should reflect your average monthly expense | |
| 60 | Expense Description | Monthly Amount | |
| | a. | \$ | |
| | b. | \$ | |
| | c. d. | \$ \$ | |
| | Total: Add Lines | | |
| | Part VII. VE | RIFICATION | |
| | | in this statement is true and correct. (If this is a joint case, both deb | otors |
| 61 | must sign.) Date: November 7, 2012 | Signature: /s/ Justin Nicholas Patterson | |
| 01 | | Justin Nicholas Patterson | |
| | | (Debtor) | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **05/01/2012** to **10/31/2012**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment**

Year-to-Date Income:

Starting Year-to-Date Income: \$14,850.00 from check dated 4/30/2012 .
Ending Year-to-Date Income: \$36,300.00 from check dated 10/31/2012 .

Income for six-month period (Ending-Starting): \$21,450.00.

Average Monthly Income: \$3,575.00.